

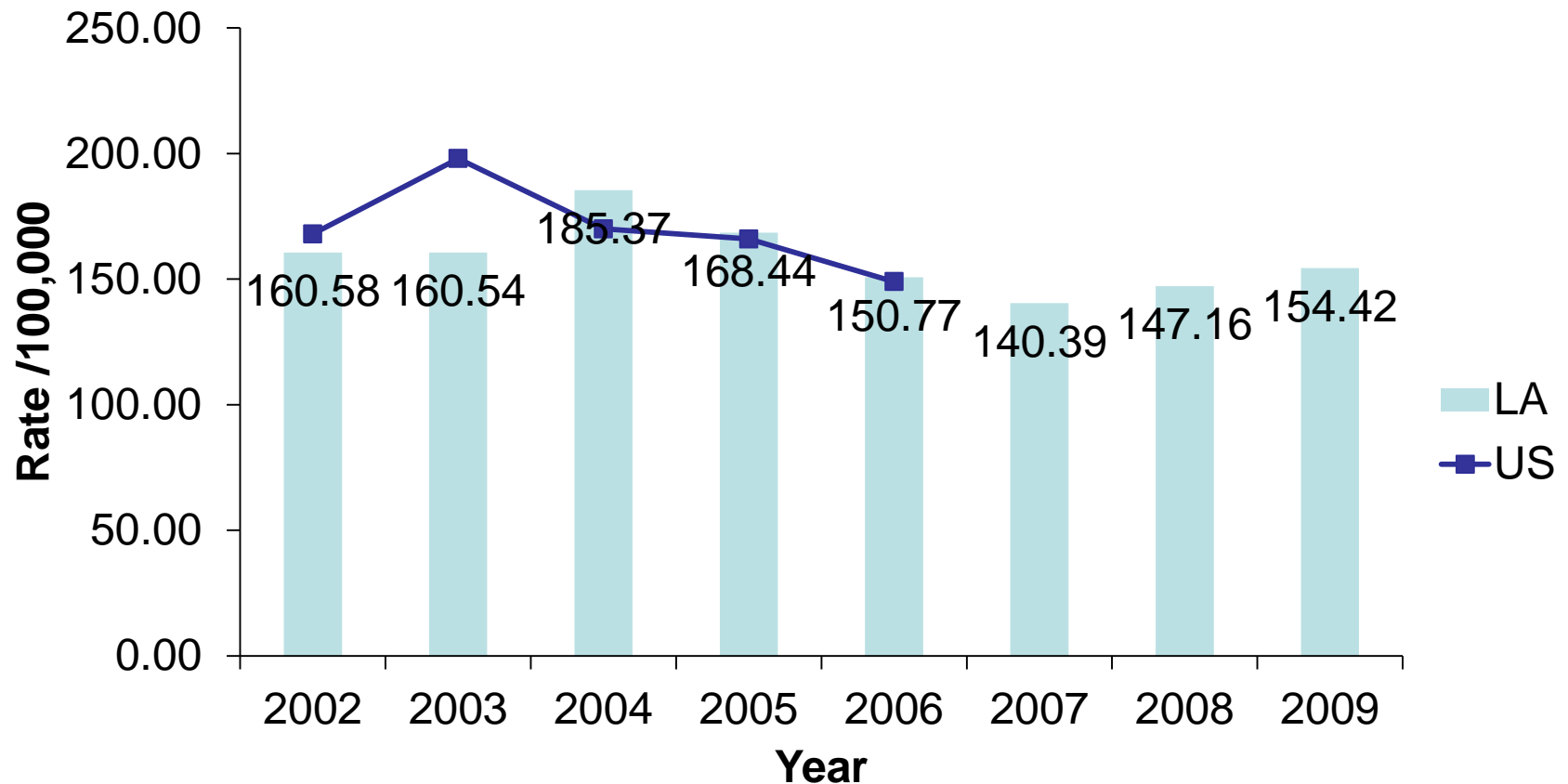
A large, light blue, stylized graphic of two people in a dance pose, with one person's arm around the other's waist, serves as a background for the title.

State of the Asthma Management and Prevention Program

Mark A. Perry, B.S., MPA
Program Manager
LASC 3rd Quarter Meeting
April 2, 2013



Asthma Hospitalizations



* Average rate = 158.52/100,000 LA Residents

Expenditure by Age, Gender & Race

Age	# of Recips	# of Claims	Cost	Cost Per Recip
0-4	5,717	82,941	\$ 12,035,499	\$ 2,105
5-10	10,743	171,059	\$ 22,132,856	\$ 2,060
11-17	7,894	130,685	\$ 16,366,316	\$ 2,073
18-64	7,927	153,354	\$ 18,415,182	\$ 2,323
65+	312	4,026	\$ 433,550	\$ 1,390

Gender	# of Recips	# of Claims	Cost	Cost Per Recip
Male	16,888	278,679	\$ 36,614,383	\$ 2,168
Female	15,705	263,386	\$ 32,769,020	\$ 2,087

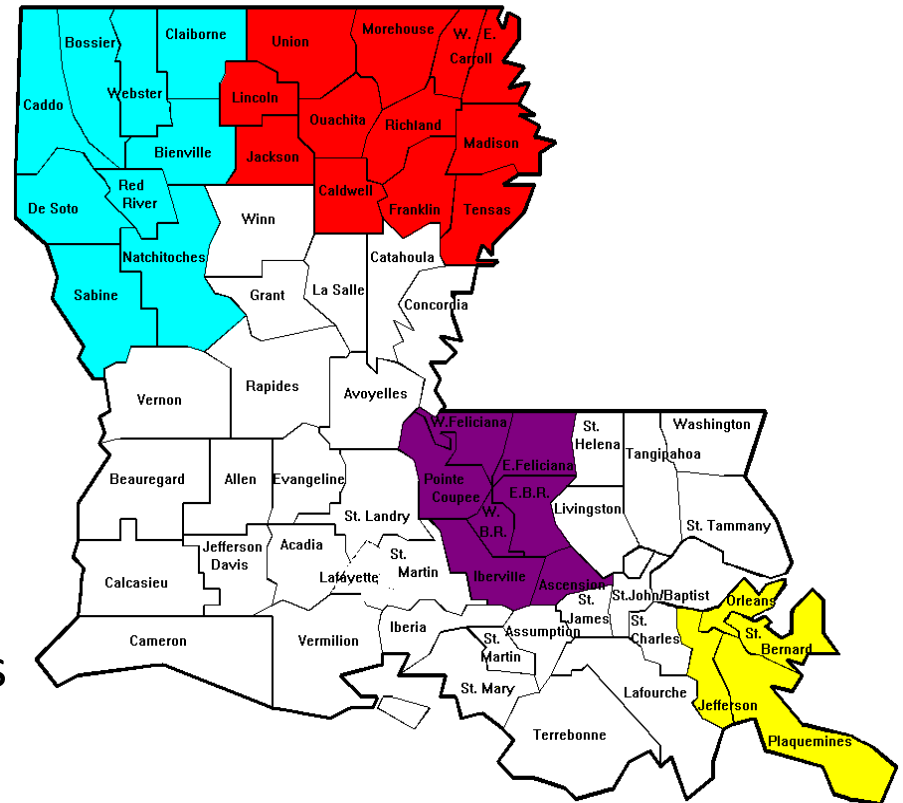
Race	# of Recips	# of Claims	Cost	Cost Per Recip
White	13,431	202,087	\$ 26,340,774	\$ 1,961
Black	16,639	299,942	\$ 37,989,371	\$ 2,283
Other	2,523	40,036	\$ 5,053,258	\$ 2,003

Louisiana 2012-2013 Annual Goals

- **Goal 1:** Maintain the LAMP infrastructure to ensure the long term sustainability of reducing the burden of asthma in Louisiana.
- **Goal 2:** Provide healthcare providers and healthcare facilities with the most updated recommendations on the diagnosis and treatment of asthma.
- **Goal 3:** Continue building advocacy efforts at the grassroots level.
- **Goal 4:** Expand data collection efforts related to asthma in Louisiana.
- **Goal 5:** Effectively target and reach Louisianans experiencing asthma-related health inequities or disparities.
- **Goal 6:** Implement the Louisiana Five Year Evaluation Plan to measure progress and effectiveness of the program and its stakeholders.

Louisiana's Targeted Areas

- DHH Region I-New Orleans Metro Area-12.8% (Hurricane Prone)
- DHH Region II-Baton Rouge Metropolitan Area 12.7% (Hurricane Prone)
- DHH Region VII-Shreveport Metropolitan Area 10.0% -Highly Rural
- DHH Region VIII-Monroe Metropolitan Area 11.7%-Highly Rural and includes Delta Region



Initiatives: Goal Area 1

Collaborate with LCCCP to sustain active Regional Health Coalitions that have a focus on persons with asthma

- Asthma Regional Coalitions established in regions 1, 2, 7 and 8 to provide oversight of program interventions at the grassroots level.
- September 2009-August 2012 priorities:
 - Developing asthma friendly schools and child care centers
 - Building regional partnerships that support for people living with asthma
 - Advocating for safer, clean air environments that reduce asthma triggers
 - Reducing the asthma burden among Louisianans in rural and urban areas regardless of ethnicity, sex, age, etc

Initiatives: Goal Area 1

Asthma Friendly Schools (AFS) can help assure students' safety and health by adopting policies and procedures and coordinating student services

- Provide education to faculty, staff and physical education department.
- Provide school tool kits to each school in the district
- Work with school nurse to increase individualized asthma action plans and students who self-carry and self administer
- Build collaboration between the caregivers and local physicians
- Work with district to adopt the following:
 - Comprehensive Indoor Air Quality and Bus Idling Policy
 - Emergency Asthma Plan for students
 - Improve IAQ Standards to decrease school liability and exposure to irritants and triggers
- Certify the school through the LASC
- Highlight and increase positive exposure through local media and the CDC

AFS - Building collaboration between the school district and the LAMP Program

- A total of 1,311 teachers and staff have been trained on addressing asthma for students and showed an increase in knowledge.
- Indoor Air Quality (IAQ) Walkthroughs have been completed by school custodial staff.
- Goals of increasing asthma action plans complete.
- Both districts have adopted comprehensive IAQ policies which includes reducing diesel emissions.



AFS - Building collaboration between the school district and the LAMP Program

- Goals of increasing asthma action plans complete in both school districts by more than a total of 29 students with 40 students being identified after the intervention started in the 2 districts.
- More than 120 coaches and physical education teachers in Monroe, Morehouse and in collaboration with the Louisiana Association of Physical Health Recreation and Dance (LAPHERD) trained on Exercised-Induced Asthma through the Asthma Coaches Play Card.



Interventions: Goal Area 2

State wide trainings are provided to provide education to Healthcare Professionals around the major changes in 2007 Asthma Clinical Guidelines

- **Assessment and monitoring**
 - Severity
 - Control
 - Responsiveness to treatment
- **Three age groups: 0-4, 5-11, 12+ years**
- **Expanded steps of treatment -6**



Interventions: Goal Area 2 Update

2012-2013 Asthma Clinical Guidelines Trainings

Locations	Physicians	Nurses	Respiratory
Shreveport (Nurses Conf)	0	90	10
Baton Rouge	36	5	0
New Orleans	15	10	5
Monroe	3	20	20
Alexandria	1	22	1
Shreveport	51	17	3
Totals	106	164	41



F.L.A.R.E. Intervention

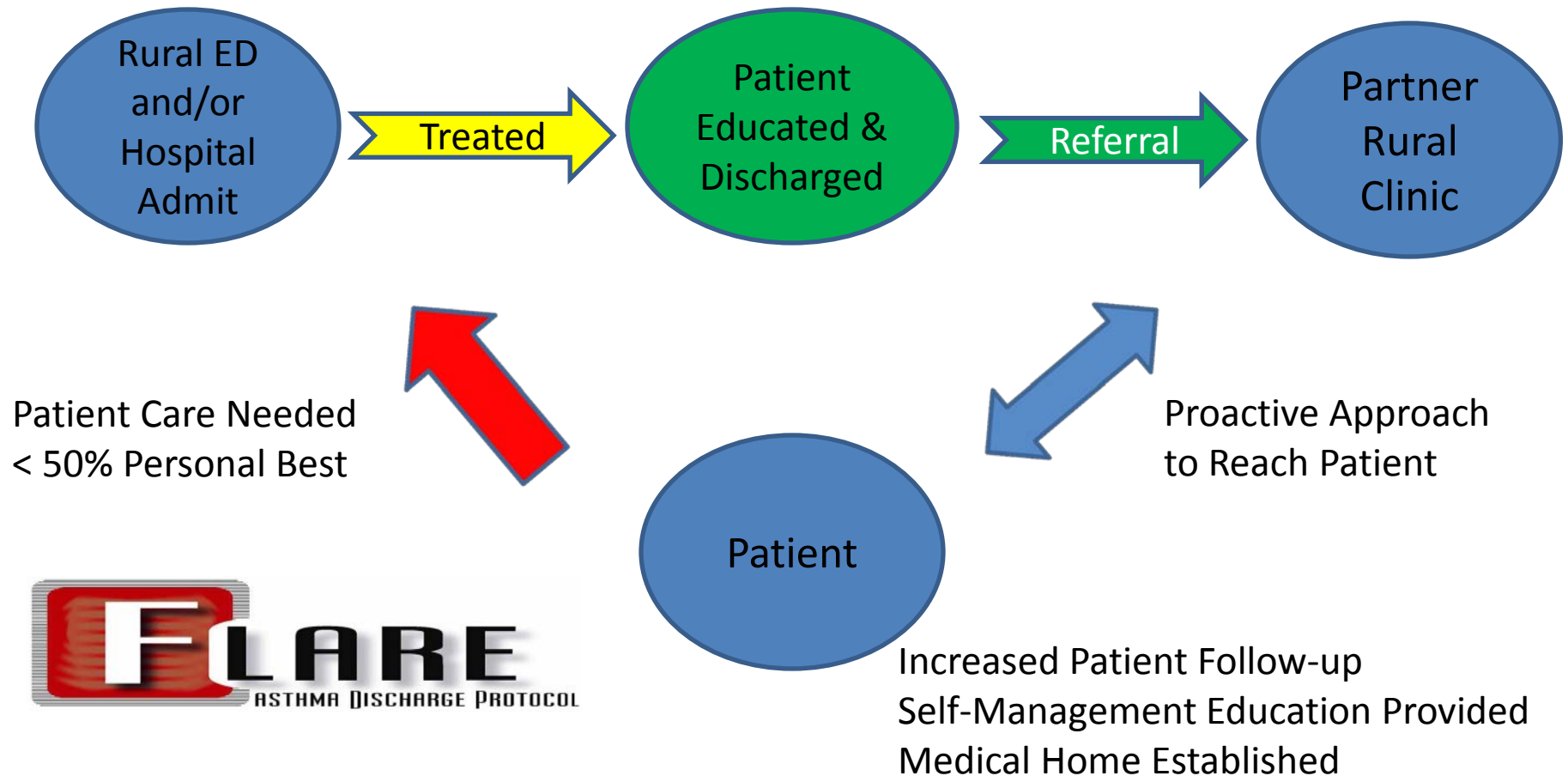


F.L.A.R.E Pilot is currently implemented in Morehouse General Hospital. F.L.A.R.E includes five key messages to help asthma patients better manage their disease:

- F – Follow up with a primary doctor
- L – Learn about asthma medicines
- A – Asthma is a life-long disease
- R – Respond to warning signs that asthma is getting worse
- E – Emergency care may be needed if certain symptoms occur

F.L.A.R.E. assist the partnering hospital in implementing the patient education components of the National Institutes of Health (NIH) Guidelines for the Diagnosis and Management of Asthma at the point of patient discharge and increases follow-up patient-centered care.

F.L.A.R.E Flow Model



Goal Area 4-Data and Surveillance

With the assistance of partners at LSU School of Public Health, Environmental Public Health Tracking, Office of Public Health Section of Environmental Epidemiology and Toxicology, Vital Statistics, University of Louisiana at Monroe College of Pharmacy and the Behavioral Risk Factor Surveillance System, the LAMP Program has successfully collected all of the minimal core required and additional core required data in the absence of a Program Epidemiologist.

Interventions: Goal Area 5

- The LAMP Program's goal was to train 8 Head Start Centers on the implementation of the Asthma Curriculum for Louisiana Childcare Centers.
 - 15 centers have been trained as of November 30, 2013.
 - 2 centers provided feedback as of February 28, 2013.



Tools for Clinicians

Clinical Guideline for the Diagnosis, Evaluation and Management of Adults and Children with Asthma

Color Key

- Four Components of Asthma Care:
- Classifying Asthma Severity, Assessing Asthma Control and the Stepwise Approach for Managing Asthma in Children: Aged 0-4 years
- Classifying Asthma Severity, Assessing Asthma Control and the Stepwise Approach for Managing Asthma in Children: Aged 5-11 years
- Classifying Asthma Severity, Assessing Asthma Control and the Stepwise Approach for Managing Asthma in Children: ≥12 Years of Age & Adults
- Long-Term Control Medications: Estimated Comparative Daily Dosages
- Long-Term Control Medications: Usual Dosages
- Quick Relief Medications

Guidelines are intended to be flexible. They serve as recommendations, not rigid criteria. Guidelines should be followed in most cases, but depending on the patient, and the circumstances, guidelines may need to be tailored to fit individual needs.

455 Updated October 2006

LOUISIANA DEPARTMENT OF HEALTH & HOSPITALS Public Information Series


What is An Asthma Action Plan?

The asthma action plan shows your daily treatment, such as what kind of medicines to take and when to take them. Your plan describes how to control asthma long term AND how to handle worsening asthma symptoms. The plan explains when to call the doctor or go to the emergency room.

Who Should Have an Asthma Action Plan?

All people with asthma should have an asthma action plan. An asthma action plan (also called a management plan) is a written plan that you develop with your doctor to help control your asthma.

What is a Peak Flow Meter?



A peak flow meter is a device that measures how well the lungs are working.

The meter has numbers on it — kind of like a ruler. When you blow into the meter, a little marker slides up the meter to show how much air you were able to get out.

Triggers That Could Cause Asthma Symptoms to Flare


- Mold
- Pollen
- Dust Mites
- Animal Dander
- Tobacco Smoke
- Cockroaches
- Viruses
- Alcoholic Beverages
- Cleaning Products
- Fragrances

Asthma symptoms may include coughing, chest tightness, wheezing, difficulty sleeping and trouble breathing

ASTHMA

visit www.asthma.dhh.louisiana.gov to download an additional Asthma Action Plan

A Lifesaving Tool for Louisianians Living with Asthma



DEPARTMENT OF HEALTH AND HOSPITALS



Louisiana Asthma Management Prevention Program 2012-2013

Health Care Provider Toolkit



Tools for Hospitals and Clinics

Louisiana Department of Health and Hospitals/Asthma Surveillance Collaborative

F.L.A.R.E. Plan

For Emergency Department Discharge



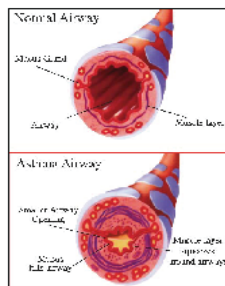
Asthma is a lifelong disease that can make it hard to get air in and out of the lungs. Asthma triggers make the air tubes that carry air in and out of the lungs smaller.

Here is what happens:

- Breathing tubes in the lungs swell and make extra mucus
- Muscles around the breathing tubes get tight and make them smaller
- Smaller breathing tubes then get clogged with the extra mucus
- Swelling, muscle tightness and mucus make it harder to breathe
- Coughing, wheezing, chest tightness or pain may start

Not all asthma flare-ups are the same. Some are worse than others. In severe asthma flare-ups, breathing tubes get so small that air cannot get in and out of the lungs

Severe asthma flare-ups can be fatal.



Common Triggers:

Tell your doctor about the things that make your asthma worse, such as:

- Breathing in chemicals, dusts or fumes
- Colds, flu or respiratory infections
- Animals, including cockroaches and mice
- Dust
- Pollen and mold
- Food allergies (nuts, dairy products, etc.)
- Strong odors
- Climate changes (weather, temperature, etc.)
- Exercise
- Smoke from cigarettes, wood and other materials
- Medicines:
- Other things:

What started, or triggered, your asthma flare-up this time?

Asthma Medicines:

■ **Quick relief/rescue medicine:** should help for about four hours by relaxing muscles around the breathing tubes so air can get in and out. **If quick relief medicine is needed more than two times per week, asthma is not under control.** Ask a doctor about long-term control medicine.

■ **Long-term control medicine:** must be taken every day to work right. It keeps the breathing tubes from swelling, preventing most asthma flare-ups.

This medicine can't stop a flare-up once it starts.

During flare-ups, use quick relief medicine right away and take long-term control medicine as usual.

■ **Steroid pills or syrup:** can help swelling in the breathing tubes go away. This medicine must be taken as the doctor instructs. **DON'T** skip a dose, and **DON'T** stop taking it unless a doctor says to stop.

If the doctor provides a few extra days of steroid pills or syrup, always call your family doctor before using.

Most people with asthma do not get sick enough to need to go to the Emergency Room. Since the Emergency Room was needed, it may mean:

- Long-term control medicine in the **Green Zone** are not being taken the right way;
 - Long-term control medication has been prescribed, but is not enough or none prescribed; or
 - Triggers that start asthma symptoms are still in the home, work or school environment.
- Avoid flare-ups by using this F.L.A.R.E. plan until a primary doctor can be seen and works with you to create your personal asthma action plan.**

If you smoke, talk to a doctor for help quitting.
1-800-QUIT NOW
Get FREE Help to quit smoking.

This document has been adapted from the American Lung Association in Mississippi and Mississippi State Department of Health. The information contained in this document is based on the NAEPP Guidelines for the Diagnosis and Management of Asthma. This public document is published at a total cost of \$963.90. 6,000 copies of this public document were published in this first printing at a cost of \$1.16 each and printing of this document is supported by Cooperative Agreement Number 5U59EH000526-02 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.



WHAT IS F.L.A.R.E.?

F.L.A.R.E. is an evidence-based asthma education discharge protocol that helps hospitals implement the patient education components of the National Institutes of Health (NIH) Guidelines for the Diagnosis and Management of Asthma. F.L.A.R.E. includes five key messages to help asthma patients better manage their disease:

- F – Follow up with a primary doctor**
- L – Learn about asthma medicines**
- A – Asthma is a life-long disease**
- R – Respond to warning signs that asthma is getting worse**
- E – Emergency care may be needed if certain symptoms occur**

F.L.A.R.E. TRAINING: 1-hour training for hospital staff on how to implement F.L.A.R.E. The training is available at no cost to Louisiana hospitals. The F.L.A.R.E. training will include:

- How F.L.A.R.E. helps hospitals meet the NIH Asthma Guidelines;
- How to successfully implement F.L.A.R.E. (taught by a Louisiana health care provider and/or respiratory specialist.); and
- F.L.A.R.E. benefits: patient education and decreased 'repeat' asthma discharges.

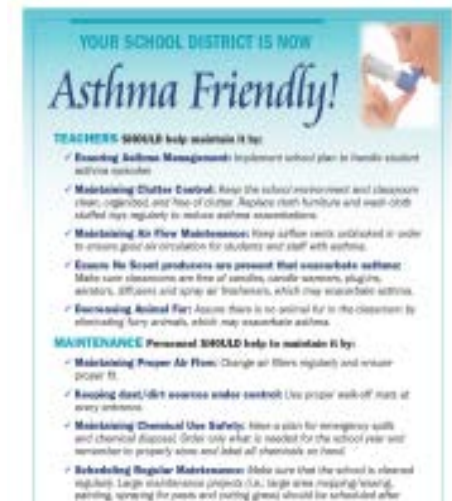
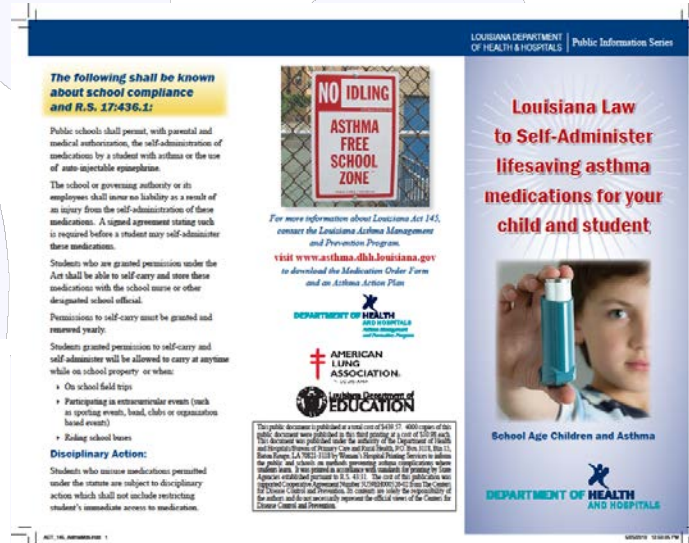
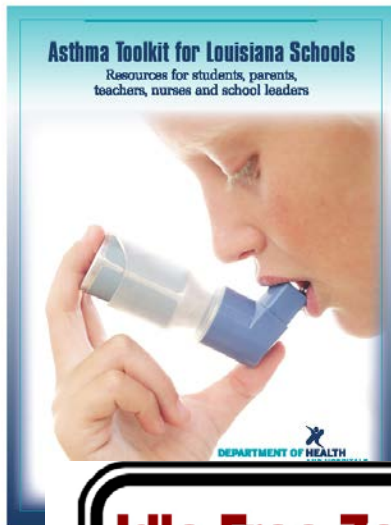
All training participants will receive the Louisiana Asthma Health Care Provider Toolkit. Hospitals participating in the training will also receive color copies of F.L.A.R.E., as well as the Louisiana Asthma Management & Prevention Program (LAMP) Asthma Action Plan and the F.L.A.R.E. Patient Follow-up Referral Form. As part of the F.L.A.R.E. Training Initiative, the LAMP Program will provide additional trainings as needed for staff in hospitals planning to implement F.L.A.R.E.

WHO SHOULD ATTEND: Providers who interact with asthma patients: administrators, respiratory therapists, nurses, case managers, certified asthma educators, health educators, emergency department staff and physicians.

TRAINING LOCATION: F.L.A.R.E. trainers from the LAMP Program will schedule free, on-site trainings for interested hospitals. The training takes one hour and can be scheduled at various times of the day to best meet the needs of hospital staff.

To request F.L.A.R.E. training, visit www.asthma.dhh.louisiana.gov to download a training request form and fax to Mark Perry at 225-342-5839. For any additional information, contact LAMP at 225-342-2673.

Tools for Learning Environments

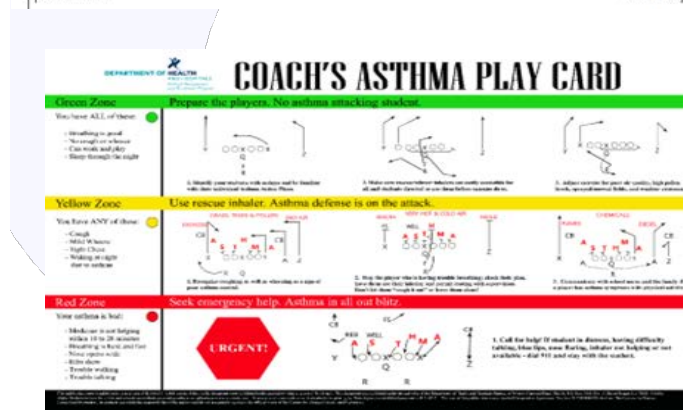


GETTING AN EARLY
START ON
ASTHMA

Asthma Curriculum for Louisiana Childcare Centers



DEPARTMENT OF HEALTH
AND HOSPITALS
Asthma Management
and Prevention Program



National Spotlight

Because of You:

- LAMP was featured for our successful partnerships at the 2010 National Asthma Control Program Conference in Chicago, Ill.
- LAMP was highlighted for indoor air quality efforts and featured at the March 2012 Environmental Protection Agency Environmental Law Institute Conference in Washington, D.C.



Our Accomplishments



Legislation

Because of You:

Children in Louisiana now have access to emergency asthma medications in the school setting as they can self-carry and self-administer.

From AFS Nurses

Because of You:

There are fewer kids experiencing symptoms in the school setting.

There are fewer kids dismissing through the nurses office.

There are fewer kids experiencing symptoms in the school setting.

Parents are more aware of the needs of the school nurses in dealing with asthma.

From AFS Nurses

Because of You:

- We are all more aware of Asthma in the clinic and in the school. It is great that we are educating families, school personnel, students about Asthma.
- No idling cars or buses in carpool or bus lanes. Air filters have been changed more frequently.
- Ceiling tiles and leaks in the buildings have been repaired and/or replaced.

From AFS Nurses

Because of You:

- No candles burning in classrooms.
- Black mold has been removed in one portable building and ceilings replaced.
- Carpeting has been removed in classrooms and rooms with carpeting have been cleaned.

From AFS Nurses

Because of You:

- There is an increase use of inhalers prior to physical activity to prevent asthma exacerbations has attributed substantial decrease in acute asthma exacerbations at school.
- More students have actually learned correct use of inhaler, when and why they should use their inhalers and differences in types of inhalers they use through nurse education.
- Teachers are better educated!!!!

National Spotlight

Because of You:

- The state of Louisiana was acknowledged for indoor and outdoor policies that reduce triggers of asthma by the United States Department of Health and Human Services Secretary Kathleen Sebelius.
- Louisiana was identified by the CDC as a promising program in implementing Asthma Friendly Schools and was asked to participate in the systematic screening and assessment (SSA) and site visit.



AFS Interventions

Because of You:

- 8 school districts in 4 of the 4 targeted regions have met the criteria to be designated as Asthma Friendly.
- 8 school districts adopted Bus Idling Policies reducing diesel emissions in the school setting.
- More than 30,000 school aged children can now breathe easier due to cleaner indoor air.

AFS Interventions

Because of You

- 2 new school districts are on target to meet the designation by June 11, 2013.
- 2 new school districts have adopted the state's new comprehensive IAQ Policy.



Because of You

Because of You:

- 450 additional students now have an Asthma Action Plan completed by a physician due to AFS.
- 600 additional students have been identified as having asthma due to AFS.
- More than 200 students have received education on proper medication administration by more and legally self-carry and self-administer.
- Nearly 4000 school teachers and staff are more knowledgeable about how to treat and manage the students asthma in the event of an emergency.

Healthcare Providers

Because of You:

- More than 1100 healthcare clinicians have received training on the asthma clinical guidelines in 4 years through March 2013.
- More than 500 additional Medicaid patients have received self-management education from the LA Asthma HELPLine.



Community

Because of You:

- More than 40,000 families have been impacted through LAMP, the Asthma Regional Coordinators, Schools and Regional Coalitions and partnering agencies in only 4 years.



Next Steps

Our Job Is Not Done

Somewhere a child cannot breathe or sleep during the night and is exposed to harmful triggers and irritants such as cockroaches, rat feces, tobacco smoke and dust mites.

Next Steps

Our Job is Not Done

Somewhere an Adult cannot afford their medications for asthma so they suffer or rely on the emergency room for care and medications.

A parent cannot afford their medications or it is taking too long to get prescriptions approved in the meantime a child suffers.

Next Steps

Our Job is Not Done

Somewhere a school has more kids with asthma than they have asthma inhalers.

Somewhere an adult cannot manage their asthma due to their job, but they can't find more work so they suffer in an un-clean indoor air environment.

From the AFS Nurse

I wanted to share my excitement and the progress that we are making regarding the care provided to asthmatic students since we began working with you, and since your presentation! My teachers are really on it!!! They are more attentive to students that are having possible respiratory difficulties and are sending them to my office. I was made aware of two new asthmatic students this week. My custodial staff is even asking me questions about the safety of some of the products they use! I am loving it! Now that my teachers are working with me, we are able to CHASE down some of those non-compliant parents (parents that have not provided medication for their students). I got an inhaler on Friday from a parent that I have been pursuing all year.

I apologize for rambling, but it is so exciting!

From the AFS Nurse

Our staff is so on top of it that, on Friday, I had to leave campus for about thirty minutes to meet with my supervisor. When I arrived, I was told that 911 had been called in response to a student that was having an asthma attack. The student is okay, and went home with a family member, but the staff recognized the signs, realized the importance, and acted! I was able to identify a new asthmatic student and start communicating and educating the parent.

We are very fortunate to have a superintendent that understands the importance and cares about the health of students. We now have 5 nurses in our district (as of Monday), and all are/will be involved in educating parents, students, and school personnel for years to come on this topic.

I just want to thank you all for what you are doing. You are saving lives!

Vanessa Collins, RN, DeSoto Parish Supervisor of Nursing

Thank You

Thank you for being a the best asthma coalition
in America and the best overall coalition in
Louisiana.

Keep Striving, Lives Are Depending On It!